

## **MONTANA TITLE XXI PROGRAM FACT SHEET**

**Name of Plan:** **Montana's Children's Health Insurance Plan**

**Date of Plan Submitted:** April 13, 1998

**Date Plan Approved:** September 11, 1998

**State Plan Effective Date:** January 1, 1998

**Date First Amendment Submitted:** December 27, 1999

**Date First Amendment Approved:** October 6, 2000

**Amendment Effective Date:** June 1, 2000

**Date Second Amendment Submitted:** July 1, 2002

**Date Second Amendment Approved:** September 27, 2002

**Second Amendment Effective Date:** July 1, 2002

### **Background**

- On April 13, 1998, Montana submitted a Title XXI State plan to expand coverage to children through a benchmark-equivalent benefit package. The State proposed to provide coverage for children under the age of 19 and with family income at or below 150 percent of the Federal Poverty Level (FPL).

### **Amendments**

- On December 27, 1999, Montana submitted its first State plan amendment, implementing the following major programmatic changes: An enrollment cap of 10,100 children; The adoption of a universal application form; Modification of definition of countable income; Elimination of the annual enrollment fee; The addition of a \$350 dental benefit and an eyeglass benefit; Increase in the annual maximum copayment from \$200 to \$215; and, The elimination of cost-sharing for the Native American children enrolled in SCHIP. The enrollment cap was implemented on January 1, 2001.
- Montana submitted its second amendment on July 1, 2002. This amendment updates and amends the SCHIP state plan to indicate the State's compliance with the final SCHIP regulations. This amendment also revises the State plan to eliminate the provision of the mental health benefits that were being provided in excess of the benchmark-equivalent plan. Enrollees continue to receive mental health benefits that include inpatient and outpatient mental health services and prescription drugs.

## **Children Covered Under Program**

- The State reported that 13, 518 children were ever enrolled in its program during Federal fiscal year 2001.
- Montana CHIP enrollment has been full since January 2001. As of September 2002, there were approximately 240 children on the waiting list. The average length of time on the waiting list is 2 -3 months.

## **Administration**

- The Health Policy and Services Division of the Montana Department of Health and Human Services administers Montana's Children's Health Insurance Program.
- Montana State employees perform eligibility, enrollment, and outreach functions.

## **Health Care Delivery System**

- Montana contracts with indemnity insurance plans.

## **Benefit Package**

- Montana offers benchmark-equivalent coverage. The benefit package includes inpatient and outpatient hospital services; emergency room services; physician services; surgical services; lab and x-ray services; well-child and well-baby services including age appropriate immunizations; prenatal and pregnancy services; abortion as permitted by law; prescription drugs; mental health and substance abuse treatment services; and hearing and vision exams.
- The first amendment changed the benefit package to exclude coverage for contraceptives. This amendment changed coverage for dental services, and eyeglasses. The dental benefits were changed to include maxillofacial surgeries and prosthetics, dental implants, surgical procedure, treatment of fractures, and orthodontia.

## **Cost Sharing**

- Montana imposes the following copayments:
  - No copayments for families below 100 percent of FPL.
  - No copayments for well-baby or well-child care, including age-appropriate immunizations.
  - For families above 100 percent of FPL:
    - \$25 per admission for inpatient hospital services;
    - \$5 per visit for emergency room visits;
    - \$5 per visit for outpatient hospital visits;
    - \$3 per visit for physician, mid-level practitioner, optometrist, audiologist, mental health professional, or substance abuse counselor services;
    - \$3 per prescription for generic drugs; and
    - \$5 per prescription for brand-name drugs.

- Copayments in the initial plan were capped at \$200 per family per year. Families receive an explanation of benefits from the insurer each time a claim is paid that specifies the amount of copayments that have been incurred during the year. Once the family reaches its limit, it can use this explanation of benefits to show providers that it is exempt from copayment. If a family exceeds the copayment limit, the family may contact the State for a refund. Effective June 1, 2000, the annual maximum copayment for families increased from \$200 to \$215.
- Montana's original State plan imposed an enrollment fee for families with income from 100 percent FPL to 150 percent FPL of up to \$15. Effective June 1, 2000, the annual enrollment fee has been eliminated.
- All cost-sharing for Native American children enrolled in SCHIP has been eliminated.

#### **State Action to Avoid Crowd-Out**

- The application form asks families to report any health insurance coverage. A child is ineligible if the child has been covered under an individual or group health plan within the 3 months prior to application for SCHIP, except under certain circumstances. The State monitors information collected on its eligibility and enrollment system to monitor substitution of coverage.

#### **Outreach Activities**

- The initial outreach for the program was through direct mailings of enrollment information and applications to families. Families receiving the mailings were children on the waiting list for the Caring Program for Children; Indian Health Services children who are uninsured; families who receive subsidized child care; families who left the TANF program; and children participating in the Mental Health Access Plan.
- The Department conducted a number of statewide media advertising campaigns for children's health coverage through television, radio and print advertising.
- Because of the State's enrollment cap and the resulting enrollment waiting list, outreach activities are currently limited to target projects as needed.

#### **Coordination between SCHIP and Medicaid**

- Effective June 1, 2000, Montana began using a Universal Form for application to SCHIP, Medicaid, Children with Special Health Care Needs program, the Mental Health Services Plan, and the Caring Program. The Universal Form streamlines the application process for families, reducing barriers to children becoming enrolled in the program for which they qualify.

- The SCHIP program screens all applicants for Medicaid eligibility. If the child is likely to be eligible for Medicaid, the application is forwarded to the County Public Assistance Office to begin the Medicaid application process. A child who is found ineligible for Medicaid is subsequently enrolled in SCHIP.

### **Financial Information**

Total FFY 2002 SCHIP allotment --\$10,932,695  
Enhanced Federal matching rate --FFY 2002 80.98%  
SFY 2002 Costs  
State Share--\$2,810,229  
Federal Share--\$11,795,956  
Total--\$14,606,185

Enhanced Federal match rate --FFY 2003 81.07%  
SFY 2003 Costs  
State Share -- \$84,857  
Federal Share --\$11,926,485  
Total -- \$14,711,342

*Last Updated: October 15, 2002*